MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO D NAME OF Middle DATE First Month Year Day DECEASED (Type or print) DEATH 19 60 heeler une for 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. the Months Days Hours WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stevenson 00150 15. WAS DECEASED 17. INFORMANT 16. SOCIAL SECURITY NO. Address -03 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 20 mi IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause guo DUE TO (o), stoting the underlying buri couse lost. O Office 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY S PERFORMED? YES 🗍 NO D 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exami should 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slole) writing the white Medical 1 DR: Page 3 sh factory, street, office bldg., etc.) Not while 0. m. of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy [] Inspection . Inquiry and find that DIRECTOR: P death resulted from: Natural causes Accident Suicide Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER forward 220. BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) 0 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Kraus 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D	ATE OF BIRTH			IF UNDE			ER 24 HRS
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10a. USUAL OCCUI	PATION (Give kind of work working life, even if retire	0) _	KIND OF BUSINESS OR			te or foreign c	ountry)	-	ITIZEN O		COUNTR
13. FATHER'S NAM	E			1	4. MOTHER'S MAIDEN				, , ,		
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(Yes, no, or unknown)	(If yes, give wor or dates of		17-30-8184	Mre	Katherine	6mith	Sudlers			12	
18. CAUSE OF	DEATH [Enter only one of			FIL S	Varietine	CHILL LIL	Dudrers	2 4 T T T		ERVAL BE	TVA/EENI
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Havr a	NJURY Month, Day, Y ft m. 19	ear 20d. If While of war	Not while		OF INJURY (Home, fa , street, affice bldg., e		or town)		(County)		(Stote)
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Burial (Spe	ecify)	.1960	Sudlersvil				TION (City, town, or rsville,	er county)		(Stat	e) [d.
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the funeral director, 2 shauld be filed with D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 be may be readed by the haspital ar attending physician.

D FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the registrar prior to burial, crematian, ar remaval, and in any event within 72 MOTOR pleat death. TO FUNERA VS A15 (4) 15M 9/55

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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7313	CERTIFICATE OF DEATH

Reg. 057294

1. PLACE OF DEATH o. COUNTY O. STATE D. COUNTY D. C
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) RURAL — QUEENSTOWN d. NAME OF HOSPITAL (If nat in haspital, give street oddress) CR INSTITUTION C. LENGTH OF STAY IN 1b RURAL OR GIVE TOWN (If outside corporate limits, write RURAL ond give nearest tawn) RURAL — QUEENSTOWN C. LENGTH OF STAY IN 1b RURAL OR GIVE TOWN (If outside corporate limits, write RURAL ond give nearest tawn) RURAL — QUEENSTOWN C. STREET ADDRESS C. STREET ADDRESS
3. NAME OF DECEASED (Type or print) Mary Elizabeth Sylvester 4. DATE OF DEATH June 28 1960
S. SEX 6. COLOR OR RAGE 7. MARRIED MEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) M. A. 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George Davidson Sally Downes Carmichael
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (15 yes, give war or dates of service) (Yes, no., pr urknown) (If yes, give war or dates of service) (Yes, no., pr urknown) (If yes, give war or dates of service) (Yes, no., pr urknown) (If yes, give war or dates of service) (Yes, no., pr urknown) (If yes, give war or dates of service)
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PHYSICIAN'S Irvin G. HoyTMD Queenstown, Md.
220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Custoselle Mary Land
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MARY LAND STATE DEPARTMENT OF HEALTH-BARTIMORE 18 CERTIFICATE OF DEATH FRAU MALLED BLEAN TO CLOSE AND STALL HOW TON -- STALL THE STALL STALL THE RESERVE OF THE PARTY OF THE . De . FDLE deumo